	(VEL 1 32 (REV. 10)	EXPENSE CLAIM		See Ir State	nstruction ement On	ns and *Priv Reverse Si		Page 1 of 1 Pages						
	NT'S NAME	2 1	DIC	TRIA		SSAN OR	EMPLOYEE I	NUMBER*			DEPART			
		adtkey Gaither	MU	I VI I'M	er ra	DIVISION	OR BUREAU				Gove	ernor's O	Office	*DER
ositio Inde	on ersecre	atan;	-	CB/ID NUMBE	≟R			ecretary	of F	-ducatir	on		131	BEN
ESIDE	NCE ADDR	RESS *	<u> </u>			HEADQUA	ARTERS ADD	DRESS	<u> </u>	<u></u>	<u></u>		TELEPHONE	
	L Stre	eet #600			ZIP CODE		_ sTreet	#600				STATE	916-322	2-9204 ZIP CODE
ory Sacra	amento	•	STATE CA	٠ (ZIP CODE 95814	Sacrae	emnto					CA	į	95814
) MON	ITH/YEAR		(4)	(5)	MEALS		(6)	(7)	TR/	ANSPORTA	TION		(8)	(9)
Apri		LOCATION WHERE EXPENSES		1.		O.T., L/T,		(A)	(B)	(C)		(D) TE CAR USE	BUSINESS	
2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR DINNER		COST OF TRANS.	TYPE	TOLLS,	MILES	T	EXPENSE	FOR DAY
20	0430 - 2300	Sacto/San Diego/return		4.76		13.14				9.00	40.9	20.46		47.36
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10)	SUB	BTOTALS		4.76		13.14				9.00	40.92	20.46		47.36
¢		i code (acctg. USE ONLY)		<u> </u>							170.0_	20.10		
<u> </u>		IM TOTAL	Actoria a	1000		713.1	1111	<u>*****</u> .	 -			\$,	47 36
		· · · · · · · · · · · · · · · · · · ·									1/05			47.36
11) PUR 4/20	.POSE OF D/10 Sc	F TRIP, REMARKS AND DETAILS (Attach r chools information meeting at	receipts/vouchers it Jefferson	when required Elem <u>enta</u> r	ı) ry Sc <u>hool</u>	, Cal <u>exico</u>	, C <u>A</u>					NORMAL WOR		
											(13).F	RIVATE VEH	HICLE LICENS	E NUMBER
											(14) Ñ	MILEAGE RAT	TE CLAIMED	

15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

DATE

DATE

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	OF CALIF	-					•							
	14EC 2 (REV. 10	EXPENSE CLAIM 0/92)				s and *Pri Reverse S					Page	1of	1´F	ages
LAIMA	NT'S NAM	E ONL	~IR!	A B		SSAN OR	EMPLOYEE	NUMBER*			DEPART	MENT		
		idtkey Gaither 🛴 🔣	JIIV	feet lease		_ T. F. 1971 					Gove	rnor's C		
OSITIO			'	CB/ID NUMBE	R	i	OR BUREAU		٠				INDEX NUM	BER
	ersecre						Of the S	ecretary	Of E	ducatio	on		TELEPHON	E NUMBER
	NCE ADD	eet #600			•	1	Street:						916-322	
TZT TY	L Sue	÷ <u>ët #000</u>	STATE		ZIP CODE	CITY						STATE	1	ZIP CODE
Sacr	ament	o,	CA		95814	Sacra	mento,					CA		95814
	THYEAR	(3)	(4)	(5)	MEALS		(6)	(7)	TRA	NSPORTA	TION		(8)	(9)
April	,	LOCATION WHERE EXPENSES				O.T., L/T,		(A)	(B)	(C) CARFARE,	PRIVAT	(D) E CAR USE	BUSINESS	TOTAL EXPENSES
2)	1	WERE INCURRED	LODGING	BREAK-		N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF	TYPE USED	TOLLS, PARKING	MILES	AMOUNT		FOR DAY
DATE	0630 -	-		FAST	LUNCH		0	TRANS.	USED	PARKING				206.41
23	0030	Sacramento/Miami	132.21	-6:00 ~	10.00	18.00	-4.04-			31.25			14.95	-216.45
	· -	-	,,,,,,,,									-		84.95
!4		Miami		6.00	10.00	18.00	6.00			30.00			14.95	78.95
	-						6.00							74.94
25	ļ	Miami		5.99		18.00	0.00		-	30.00			14.95	54.00
!6		Miami	•			18.00	6.00			30.00				-48.00
	 	-			10.00	3,25	6.00							19,25
27	2300	Miami/Sacramento			-3.25	18.00	40.62		ļ		ļ			-31.87
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10)	-1			11.99	30.00	75.25	24.00							439.50
********		BTOTALS	132.21	-17.99-	23.25	-90:00 -	14.66			121.25		0.0000000000000000000000000000000000000	44.85	-444.21 -
P	OLUMI	(CODE (ACCTG: USE ONLY)											(CO ~ -	
	CLA	IM TOTAL				,						\$	439.53	444.21
11\ PI I	PPOSE O	F TRIP, REMARKS AND DETAILS (Attach rec	eints/vouchers	when required	1)						(12) N	IORMAL WOI	RK HOURS	
4/23	3-27/20	10 NGA Education Meeting, M	iami, Flori	da	· T) E	e Fi	W E						
4/2:	3/10 Lo	st dinner receipt				<u> </u>	manufacturers are but to	ter system a manager country			(13),[PRIVATE VEH	HICLE LICENS	SE NUMBER
	J, 10 20	O(dillillor 1000,p.)				1)	22 4 4	0010	11		(14) [AILEAGE RA	TE CLAIMED	-
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									}		AG	NGY AC	OUNTNO	OFFICE
								G S M C J				US	E ONLY	
				•		IAIDA	NOTENTIAL	E SERVICE	3		PAID B	revolvin	G FUND CHE	CK NUMBER
15)	LHERRY	CERTIFY That the above is a true statement of	f the travel exp	enses incurred	by me in acc	ordance with [OPA rules in the	ne service of t	ne Stat	e of	1 (
	California	If a privately owned vehicle was used, and if note than the rate claimed, and that thave met the	rileage rates ex	ceed the mini	mum rate. I ce	ertify that the c	ost of operatti	na the vehicle	was ed	gual		fr.		
	vehicle sa NT'S SIG	ifety and seat belt usage.		DATE	/ /	(16.) SIG	1				י אות פע	YMENT	DATE	
	رال	1.7		- 1	20/4								1/2	9/10
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ΓRA		EXPENSE CLAIM		See I	nstructio	ns and *Pri	ivacy	•							
STD. 262 (REV. 10/92) LAIMANT'S NAME											Page 1 of 1 Pages				
		^{n∈} adtkey Gaither				SSAN OR	EMPLOYEE	NUMBER*			Gove	тмент ernor's О)ffice		
OSITIO				CB/ID NUMBE	ER .	1	OR BUREAU				·	,,,,e,	INDEX NUM	IBER	
	ersecre			of the S	ecretary	of E	ducatio	on		131	- AUIMARED				
		eet #600	1 4 11 11	Will blaze.		ı	Street						916-322		
HTY		•	STATE		ZIP CODE	CITY						STATE		ZIP CODE	
	ament		CA	,	95814	Sacrar	т		70.			CA		95814	
) MON) MONTH/YEAR (3)		(4)	(5)	MEALS	T .	(6)	(7) (A)	(B)	ANSPORTA (C)	·		(8) BUSINESS	(9) TOTAL	
2)	1	LOCATION WHERE EXPENSES WERE INCURRED	LODGING'	22544		O.T., L/T, N/C, RELO.	INCIDEN-		TYPE	CARFARE, TOLLS,	PRIVAT	TE CAR USE	EXPENSE		
DATE	TIME	VVENE INCOME		BREAK- FAST	LUNCH	OR DINNER	TALS	COST OF TRANS.	USED		MILES	AMOUNT		10112	
10	0600 - 2230	Sacto/LA/Sacto				18.00		338.40		155.0				511.40	
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	****	TOTALS CODETACOTO USE ONLY				18.00		338.40		155.00				511.40	
1111141		IM TOTAL						<u> </u>			<u> </u>	\$		511.40	
		TRIP, REMARKS AND DETAILS (Attach rec)						(12) N	ORMAL WOR		511.40	
		eeting with Secretary Reiss, Sa			CA						(13) P	RIVATE VEHI	CLE LICENSE	E NUMBER	
4/30	/ IU IVIC	eeting with Eli Broad, Broad Fo	oundation, i	_os Ange	ies, CA						(14) M	MILEAGE RATI	E CLAIMED		
														2000000000	
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					·						PAID 61	REVOLVING	FUND CHEC	KNUMBER	
(California. I	ERTIFY That the above is a true statement o If a privately owned vehicle was used, and if n or than the rate claimed, and that I have met th	nileage rates exc	eed the minim	num rate, i cer	rtify that the cos	st of operatting	g the vehicle v	was equ	ual }					
١.	vehicle safe	ely and seat belt usage.		DATE	.,			Z	-	·	AND PA'	YMENT	DATE		

TRAVEL AND PAYMENT